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October 14, 2011

TO: Each Supervisor
FROM: *Robin Kay for*
Marvin J. Southard, D.S.W.
Director

SUBJECT: **QUESTIONS PERTAINING TO THE APPROVAL OF AN AGREEMENT FOR THE IMPLEMENTATION OF AN ELECTRONIC MEDICAL RECORD FOR THE DEPARTMENT OF MENTAL HEALTH**

During the Board of Supervisors meeting of October 11, 2011, various questions were raised regarding the Department of Mental Health's (DMH) request for approval to award a contract for the implementation of an electronic medical record. This matter is scheduled to return to your Board and is now Item 21 on the agenda of October 18, 2011. This memo will provide you with additional information in response to your Board's questions regarding the benefits and cost of the proposed Integrated Behavioral Health Information System (IBHIS), the relationship between IBHIS and the County's Enterprise Master Person Index (EMPI), and the manner in which IBHIS implementation may support the County's goal of improving services to children in the specialized foster care program.

The Integrated Behavioral Health Information System (IBHIS)

1. What will the County gain by implementation of IBHIS?

IBHIS is a fully electronic standards-based medical record for behavioral health. Implementation of an electronic medical record is a federal Medicare requirement beginning in 2014 with penalties for failure to implement a certified electronic health record system that begin in 2015. Benefits of IBHIS include the following:

- System-wide web-based access to clinical and service delivery information regarding clients will be available from any location within the DMH system of care
- Ability to record contacts that occur prior to formal intake
- Facilitation of referrals
- Streamlined client registration
- Facilitation of benefits establishment
- Management and tracking of staff appointments, caseloads and service activities
- Management of all clinical documentation
- Outcome tracking
- Facilitation of inter-departmental information sharing
- Improved revenue capture and claims processing
- Decreased risk associated with audit disallowances

- Decreased risk of adverse events stemming from storage of client information in multiple locations as hardcopy or in multiple site-specific systems

In addition to the benefits listed above, DMH will be able to eliminate obsolete data systems and manual processes such as documentation in a paper chart, paper-based recording of treatment plans kept in a single location and maintenance of separate documentation and billing processes.

2. What are the major components of the Agreement and what does each component cover?

The IBHIS agreement totals (\$93 million) which covers both the initial implementation of the project and an eleven-year term following Final System Acceptance and includes the following components:

- Implementation Services (\$20.6 million). This includes Netsmart software and implementation support services. The current Project Plan includes 1,111 implementation tasks spread across the following categories:
 - Project planning
 - Project status reporting [ongoing]
 - Establishment of the hosting environment and software loading
 - System training
 - System configuration
 - System integration
 - Custom programming
 - System testing
 - Data conversion
 - System pilot testing and cutover
- Fixed one-time set-up fee (\$3.5 million). This is to obtain the hardware necessary for initial implementation and operation of IBHIS.
- Maintenance and support services (\$31 million). This covers the period from Final System Acceptance through year eleven. Specific activities covered under this phase are:
 - Software upgrades
 - Software defect correction
 - Regulatory compliance, including addressing State and Federal regulatory changes at no additional cost to County
 - Access to Netsmart Help Desk and support staff 24/7
- Pool dollars (\$3.6 million). This covers change orders and custom modifications made necessary by changing business requirements (e.g., changes in DMH or County programs or policies that result in modifications to the electronic medical record, reporting requirements, billing processes, etc.)
- Hosting services (\$30 million). This covers the implementation period through the expiration of the agreement. Specific activities covered under this phase:
 - Setting up the hosting environment for DMH
 - Periodic hardware refresh
 - Industry certified state-of-the-art primary data center with redundant power and data feeds housing high availability hardware for system operations

- Business continuity services and hardware hosted at a separate geographically-remote state-of-the-art data center
- 24-hour monitoring of the IBHIS operating environment to assure availability of the system

3. What tools will be provided by IBHIS to identify clients?

There are several ways in which IBHIS will support the identification of clients. First, IBHIS will have a built-in Master Person Index for uniquely identifying clients of DMH and its contract providers within the IBHIS. In creating the functionality for determining match to an existing client record, the system will rely on multiple factors such as client name, birth date, mother's maiden name, social security number, place of birth, and probability-based "fuzzy matches" on various data elements (to allow for matching, for instance, between a record for Robert Smith and a client presenting as Bob Smith). This is a major advance over the Integrated System (IS) which uses only an exact match on the name in the IS. IBHIS will be far less prone to the creation of a duplicate record than the existing IS. The reduction of duplicate records is of critical importance as it reduces the risk that a user of the system will get incomplete information about a client because they are viewing only some of the services provided.

4. What is the relationship between the DMH IBHIS project and the Countywide EMPI? What are the timelines for each?

IBHIS and the Countywide EMPI are entirely separate projects. As mentioned above, IBHIS will enable the creation of a unique client identifier within DMH by August 2013. EMPI is an automated system that provides for the accurate, reliable and secure identification of client records across two or more participating departments (initially DMH, Department of Health Services, and the Department of Children and Family Services (DCFS)). The unique identifier from IBHIS will become part of the data set within EMPI that will be used to create the county-wide unique person identifier. This will then enable DMH to identify clients who are also clients of DHS or DCFS in real time. Work on IBHIS is expected to take approximately 24 months from Board Approval of the Agreement to Final System Acceptance. Implementation of the Countywide EMPI will occur in multiple phases. Based on preliminary estimates, it will take approximately 12 months from EMPI contract execution to implement the initial phase that includes DCFS, DHS, and DMH.

Role of IBHIS in enhancing services to children and youth in specialized foster care

1. How will IBHIS enhance our ability to identify and respond to high risk Katie A children?

IBHIS provides functionality that will enable DMH to do the following:

- Create fields to identify, flag and capture relevant information related to the Katie A population within the electronic medical record
- Conduct centralized appointment scheduling, track client compliance with scheduled visits, and describe services provided

- Record and flag high risk clients and create automated work-flow notifications and reminders based upon identified risk indicators
 - Automatically route notifications to appropriate supervisors and/or clinicians when action must be taken
 - Prepare reports enabling monitoring of high-risk clients and programs to ensure that appropriate actions have been taken in a timely manner
2. Has DMH developed a project plan related to the identification and tracking of high risk Katie A children?

The project plan involves two components: 1) Development of policies and procedures related to high risk children and 2) Development of an approach to configuring the information system to support these policies and procedures. These components are described in more detail below.

- Development of policies and procedures related to high risk children. Our plan for the implementation of this initiative is as follows:
 - DMH will convene a high-level workgroup in collaboration with DCFS and DMH contract providers to define risk indicators. Examples of risk indicators might include children with a recent history of psychiatric hospitalization, children who are prescribed certain medications, children in D-rate homes, and children in intensive service programs such as residential treatment facilities, Wraparound, Full Service Partnerships, and Treatment Foster Care. The workgroup will then frame a protocol for service and information sharing expectations for those who provide services for this population (November 2011 – January 2012).
 - DMH will prepare quarterly updates regarding progress in developing and implementing this protocol (First report to be submitted by March 2012 and quarterly thereafter).
 - DMH will draft policies and procedures regarding assessment and identification of children who meet the criteria, services provided, and actions to be taken by DCFS and DMH staff as well as contract providers delivering services to high risk children (February 2012 – March 2012).
 - DMH will submit draft policies and procedures to County Counsel for review (April 2012 – May 2012).
 - Once approved, DMH will issue notification to all staff and providers regarding actions to be taken in the pre-IBHIS environment once high risk Katie A youth are identified (June 2012).
 - DMH will provide training to all staff and providers regarding the new policies and practice expectations (June 2012 – July 2012).
 - DMH will monitor compliance with policies and practice expectations (July 2012 forward).
- Configuring the information system to support these policies and procedures

- The majority of tasks related to implementation of data fields, triggers, and workflow supports to implement the policies and procedures formulated above will occur during the configuration phase of the IBHIS Project Plan.
- This process includes structured meetings between Netsmart and department subject matter experts to review functional and technical system requirements, in-depth analysis of any gaps in previously defined requirements, development of data dictionaries specific to the DMH organization, and the data modeling and building of the configuration settings. Tasks related to the implementation of the Katie A tracking functionality in IBHIS include:
 - Identifying the data elements to be captured and “flags” to be available in IBHIS based on risk indicators, policies, and procedures.
 - Establishing data standards for each element including content and data structure.
 - Determining where each data element or flag will appear on IBHIS screens and where it will be stored in the database.
 - Operationalizing rules for software triggers related to Katie A workflow tasks, messages or actions as directed by established policies and procedures.
 - Defining and operationalizing the routing of those workflow tasks, messages or actions.
 - Developing electronic reports as defined by established policies and procedures.
 - System testing of all Katie A related flags, triggers, messaging, routing and reports.
 - Training DMH employees on all Katie A-related procedures and reporting delivered through IBHIS.
- The flagging of high risk Katie A clients requires the matching of DCFS caseloads against DMH caseloads. An interim process for this is already in operation in the context of providing match data from DMH for the Family Child Index (FCI) already in use by DCFS. The results of this match could be uploaded into IBHIS to supply the necessary data to accomplish this flagging. It is expected that DMH/DCFS matches from the Countywide EMPI would replace this Katie A FCI data match process once implemented, but EMPI implementation is not required for DMH to proceed with this plan within IBHIS.
- Initial production use of IBHIS with Katie A tracking functionality is currently projected to begin in selected pilot sites in April 2013, with rollout to the entire system beginning in August 2013.
- In the interim, DMH will maintain our commitment to respond to and track all Katie A clients identified as requiring urgent care and will submit timely information to DCFS using non-automated solutions.

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Please feel free to contact me with any additional questions you may have, or your staff may contact Robin Kay, Ph.D., Chief Deputy Director, at (213) 738-4108.

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Robin Kay, Ph.D.